

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
FOR USE WITH FORM PTO 875

SERIAL NO.

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3							53						
4							54						
5							55						
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42							92						
43							93						
44							94						
45							95						
46													

BEST AVAILABLE COPY

IND.	5			
TOTAL DEP.				
TOTAL CLAIMS	5			

TOTAL IND.				
TOTAL DEP.				